

Family PACT: Primary Complication Laboratory Codes – Family Planning Method

familypact38

1

This section of the Family PACT Laboratory Procedures identifies the procedure codes to be used for Family PACT primary complication laboratory services. These codes are billed with Family PACT primary diagnosis “S” codes indicating treatment complications. For information about “S” codes and suffixes, see the *Family PACT: Core Services Overview [familypact11]* section in this manual.

TAR Requirements

Complication services require prior authorization for both Family PACT and non-Family PACT providers. The *Treatment Authorization Request (TAR)* requirement includes clinician, Laboratory, Pharmacy, anesthesia and hospital providers.

ORAL CONTRACEPTION COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions.

Deep Vein Thrombosis/ Pulmonary Embolism (S1031)

Bill with diagnosis code S1031.

Procedures

HCPCS Code

Description

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Laboratory

CPT-4 Code

Description

82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ , (including calculated O ₂ saturation)
82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ , (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry

Management of Complication of Vaso-Vagal Episode

Laboratory

No laboratory services are covered for this complication code.

CONTRACEPTIVE INJECTION COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions.

Depo-Provera (DMPA) complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Heavy Vaginal Bleeding Due to DMPA (S2031)

Bill with diagnosis code S2031.

Procedures

HCPCS
Code

Description

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Laboratory	CPT-4	<u>Description</u>
	<u>Code</u>	
	85007	Blood count, manual with differential
	85008	Manual blood smear with differential parameters
	85021	Hemogram, automated
	85022	Hemogram, automated with manual differential
	85023	Hemogram and platelet count, automated with manual differential
	85024	Hemogram and platelet count, automated and automated partial differential
	85025	Hemogram and platelet count, automated and automated complete differential
	85027	Hemogram and platelet count, automated
	85031	Hemogram, manual
	85651	Sedimentation rate
	85652	Sedimentation rate automated
	88305	Surgical pathology

Management of Vaso-Vagal Episode

Laboratory No laboratory services are covered for this complication code.

IMPLANT COMPLICATIONS

Billing Bill with the Family PACT primary diagnosis "S" code for the complication. See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions.

Implant complication procedures must be billed with the following CPT-4 or HCPCS procedure codes.

Management of Missing or Deep Capsule/Surgical Removal of Deep Capsule

Laboratory

No laboratory services are covered for this complication code.

Management of Insertion/ Removal Site Infection (S3032)

Bill with diagnosis code S3032.

Procedures

HCPCS
Code

Description

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Laboratory

CPT-4
Code

Description

85007	Blood count, manual with differential
85008	Manual blood smear with differential parameters
85021	Hemogram, automated
85022	Hemogram, automated with manual differential
85023	Hemogram and platelet count, automated with manual differential
85024	Hemogram and platelet count, automated and automated partial differential
85025	Hemogram and platelet count, automated and automated complete differential
85027	Hemogram and platelet count, automated
85031	Hemogram, manual
85651	Sedimentation rate
85652	Sedimentation rate automated
87081	Culture single organism
87181	Sensitivities, agar
87184	Sensitivities, disc
87186	Sensitivities, MIC

Management of Insertion/ Removal Site Hematoma

Laboratory No laboratory services are covered for this complication code.

Management of Capsule Expulsion

Laboratory No laboratory services are covered for this complication code.

Management of Heavy Vaginal Bleeding Due to Implant (S3035)

Bill with diagnosis code S3035.

Procedures	HCPCS	
	<u>Code</u>	<u>Description</u>
	Z5218	Collection and handling of blood specimen (when only service rendered)
	Z5220	Collection and handling of blood specimen (when other services rendered)
Laboratory	CPT-4	
	<u>Code</u>	<u>Description</u>
	85007	Blood count, manual with differential
	85008	Manual blood smear with differential parameters
	85021	Hemogram, automated
	85022	Hemogram, automated with manual differential
	85023	Hemogram and platelet count, automated with manual differential
	85024	Hemogram and platelet count, automated and automated partial differential
	85025	Hemogram and platelet count, automated and automated complete differential
	85027	Hemogram and platelet count, automated
	85031	Hemogram, manual
	85651	Sedimentation rate
	85652	Sedimentation rate automated
	88305	Surgical pathology

Management Vaso-Vagal Episode

Laboratory No laboratory services are covered for this complication code.

INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATIONS

Billing Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions.

Intrauterine Contraceptives (IUC) complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Pelvic Infection (Secondary to IUC)

Laboratory No laboratory services are covered for this complication code.

Evaluation and Management of “Missing” IUC

Laboratory No laboratory services are covered for this complication code.

Management of Perforated/ Translocated Intra-Uterine Contraceptive (IUC)

Laboratory No laboratory services are covered for this complication code.

**Management of Vaso-Vagal
Episode**

Laboratory No laboratory services are covered for this complication code.

**BARRIER/FERTILITY AWARENESS METHOD (FAM)/LACTATION AMENORRHEA METHOD
(LAM) COMPLICATIONS**

Billing Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Requests (TAR) [familypact26]* section in this manual for TAR instructions.

Barrier/FAM/LAM complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

**Evaluation of Severe Skin
Tissue Reaction by
Dermatologist**

Laboratory No laboratory services are covered for this complication code.

**Management of Vaso-Vagal
Episode**

Laboratory No laboratory services are covered for this complication code.

TUBAL LIGATION COMPLICATIONS

Billing Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions.

Tubal Ligation complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Anesthesia Complication Requiring Overnight Hospital Stay

Laboratory No laboratory services are covered for this complication code.

Suspected/Known Abdominal Injury Requiring Laparoscopy/ Laparotomy

Laboratory No laboratory services are covered for this complication code.

Management of Operative Site or Pelvic Infection

Laboratory No laboratory services are covered for this complication code.

Preoperative Evaluation of Medical Condition (S7034)

Bill with diagnosis code S7034.

Note: Rule out surgical contraindications. Prior authorization is required.

Procedures

HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Laboratory

CPT-4

<u>Code</u>	<u>Description</u>
85002	Bleeding time
85610	Prothrombin time
85730	Thromboplastin time, partial (PTT); plasma or whole blood

Management of Vaso-Vagal Episode

Laboratory No laboratory services are covered for this complication code.

VASECTOMY COMPLICATIONS

Billing Bill with the Family PACT primary diagnosis "S" code for the complication. See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions.

Vasectomy complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Testicular or Spermatic Cord Hematoma/Hemorrhage (S8031)

Bill with diagnosis code S8031.

Note: Date of service of claim must be within 30 days post-operative from HCPCS code Z9780 (vasectomy), previously billed.

Procedures

HCPCS Code	Description
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	85007	Blood count, manual with differential
	85008	Manual blood smear with differential parameters
	85021	Hemogram, automated
	85022	Hemogram, automated with manual differential
	85023	Hemogram and platelet count, automated with manual differential
	85024	Hemogram and platelet count, automated and automated partial differential
	85025	Hemogram and platelet count, automated and automated complete differential
	85027	Hemogram and platelet count, automated
	85031	Hemogram, manual
	85651	Sedimentation rate
	85652	Sedimentation rate automated

Management of Acute Infection at Site of Vasectomy

Laboratory No laboratory services are covered for this complication code.

Evaluation and Management of Post-Vasectomy Testicular Pain

Laboratory No laboratory services are covered for this complication code.

Management of Vaso-Vagal Episode

Laboratory No laboratory services are covered for this complication code.

INFERTILITY COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication. See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions.

Infertility complication procedures are billed with the following CPT-4 or HCPCS procedure

Management of Vaso-Vagal Episode

Laboratory

No laboratory services are covered for this complication code.